

# Implementing the New Ambulatory Surveys: Implications for Survey Users

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# Focus of the Original CAHPS



- Health plans
- Reporting to consumers
- Broad adoption

# What We Heard From Users



**Market research pointed to need for:**

- **Measurement at the group and clinician levels**
- **Information usable for quality improvement**
- **Measurement at the facility level**

# A Growing Family of Surveys

## CAHPS Family

### Facility Level

- Hospitals
- Dialysis facilities\*
- Nursing homes\*
  - Resident
  - Family

\* *In development*

### Ambulatory Level

- Health plans
- Group practices\*
- Individual clinicians\*
- Behavioral health (ECHO)
- American Indian

# A-CAHPS Initiative: Beginning with Health Plans



- **Initiating changes in CAHPS Health Plan Survey 3.0**
- **Working with CMS, NCQA, and URAC**

# Immediate Next Step: Clinicians & Groups



- Early adopters
- Potential users

# Potential Uses of CAHPS Ambulatory Care Surveys



- Accreditation
- Certification
- Quality improvement
- Public reporting



# Challenges Facing New Ambulatory Care Surveys



- **Cost**
- **Burden**
- **Sensitivity to public reporting**



# Meeting the Challenges: Proposed Strategy



- Coordinated data collection
- Share the cost
- Provide value
- Multiple reports off a single data collection
- Build partnerships
- Emphasize quality improvement
- Phase in public reporting

# Meeting the Challenges: Use of a Trusted Agent



- Store data in a single repository
- Enforce data quality standards
- Provide technical assistance
- Prepare reports to meet varying needs

# Testing the New Ambulatory Care Surveys



- **Soliciting sites to field new ambulatory care instruments**
- **Federal Register Notice (August 18, 2004) yielded a number of potential sites**

**There is still time to become a test site:  
Contact us at [cahps1@westat.com](mailto:cahps1@westat.com)**

# A-CAHPS Advisory Group: Initial Members



- CMS
- NCQA
- URAC
- American Board of Medical Specialties
- American Medical Group Association
- Medical Group Management Association
- National Business Coalition on Health
- Pacific Business Group on Health
- AFL-CIO
- Partnership for Women and Families/Disclosure Project
- AARP
- TRICARE

# Implementing the CAHPS Ambulatory Care Survey

## A Panel Discussion of Current and Planned Activities

Moderator: Paul Cleary, Harvard



# Centers for Medicare & Medicaid Services

Elizabeth Goldstein

# Medicare Health Plan Surveys



- **Medicare Advantage (MA) Plans**
  - Enrollees
  - Disenrollees
- **Original Medicare (FFS)**
- **Core Health Plan Survey, CAHPS supplemental items, and Medicare-specific items**



# Objectives of Using CAHPS for Medicare Advantage and FFS



- Publicly report comparative performance information
- Provide information to health plans and QIOs to identify opportunities for improvement
- Enhance CMS' ability to monitor performance within and across delivery systems.

# Medicare Advantage Survey



- **Administered every Fall**
- **Sampling**
  - Includes proportionate sample of disenrollees
  - MA contract is sampling unit for smaller contracts
  - For large contracts (area and enrollment) – subcontract sampling unit defined by CMS

# FFS Survey



- **Administered every Fall**
- **Sampling**
  - Includes all people with Medicare, aged and disabled
  - Allows formation of geographic units for comparing FFS and MA measures that are meaningful to consumers
  - Allows national, state and market-level measurement

# Future Plans for Medicare CAHPS Surveys



- **Modify MA and FFS plans to incorporate updated CAHPS Health Plan Survey**
- **Implement changes in Fall 2006 administration**

# National Committee for Quality Assurance

Sarah Scholle

# National Committee for Quality Assurance



- Private, non-profit health care quality oversight organization
- Measures and reports on health care quality
- Unites diverse groups around common goal: improving health care quality



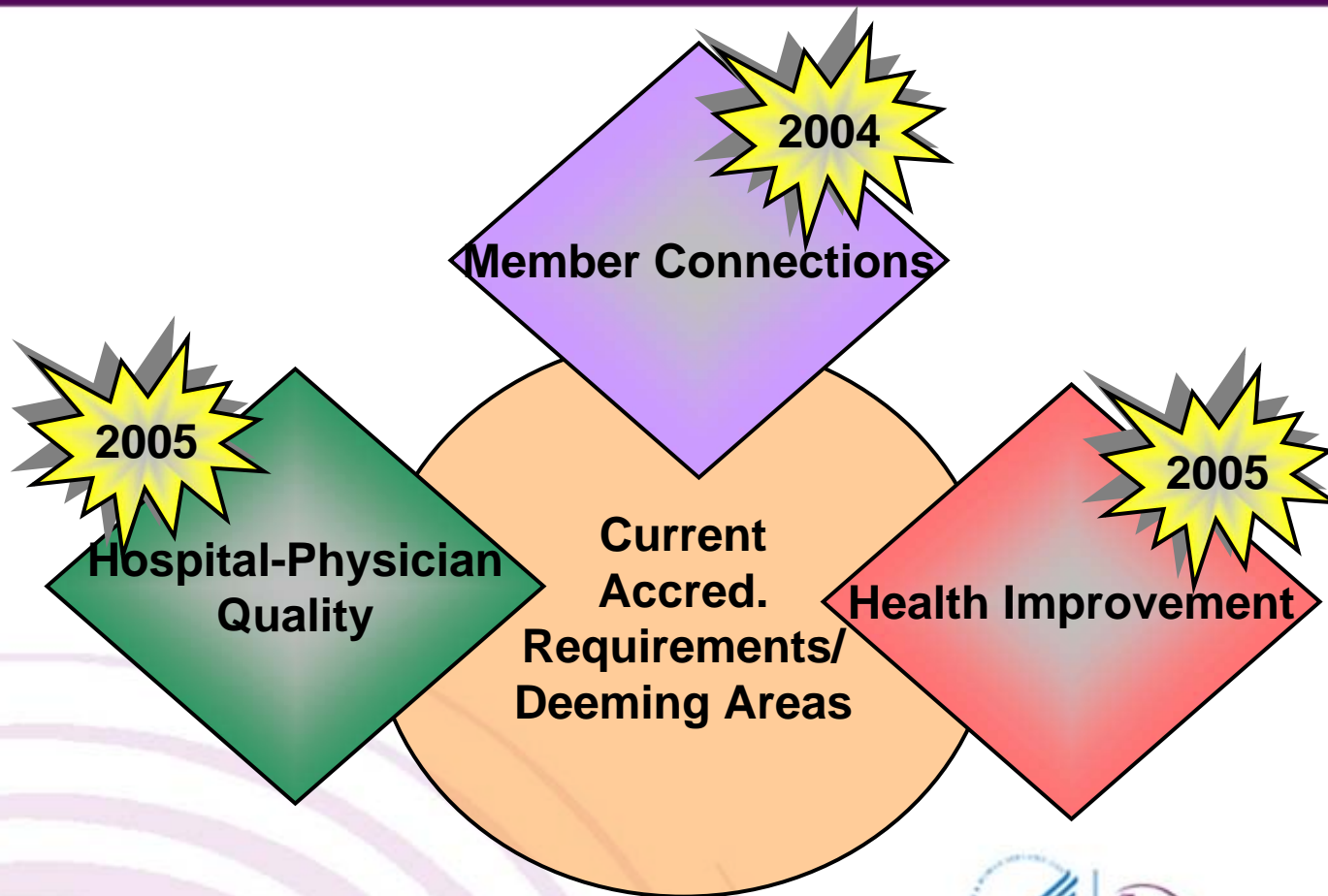
# Health Plan Accreditation



- **NCQA is the leading accrediting organization for health plans**
  - 213 of the nation's 454 HMOs are in the accreditation process
  - 25 States and the Federal government rely on NCQA Accreditation and HEDIS
- **Health plan quality performance counts for 33% of the accreditation score**
  - Performance on the CAHPS survey accounts for 14% of overall score



# Quality Plus Adds Additional Content to Health Plan Evaluation



# Quality Plus



## ■ Member Connections (2004)

- Assesses the effectiveness of an organization as intermediary and provider of assistance to consumers

## ■ Health Improvement (2005)

- Measures the value of an organization's management of populations' health risks, chronic disease and severe cases and provider of assistance to consumers

## ■ Physician and Hospital Quality (2005)

- Measures organization's effectiveness in identifying, measuring, rewarding high value providers, and steering consumers to them (includes patient experiences)

# American Board of Medical Specialties

Stephen Miller

# American Board of Medical Specialties



- **24 Boards**
- **37 general and 93 subspecialty certificates**
- **85% of licensed US physicians (625,000+)**

# Maintenance of Certification



- Will replace “recertification”
- Evaluation and improvement of physicians performance
- Six competencies

# ABMS/ACGME Competencies



- Medical Knowledge
- Patient Care
- **Interpersonal and Communication Skills**
- **Professionalism**
- Practice-based Learning and Improvement
- Systems-based Practice



# Current Survey



- **Communication Assessment Tool (CAT)**
- **Automated phone/Web administration**
- **Pilot tested by ABMS, American Academy of Orthopedics, and in Canada**



# Potential Use of CAHPS Clinician & Group Survey



- **Being evaluated by CAHPS/ABMS Steering Committee**
- **Probably a core plus specialty-specific modules**
- **Could be made available to all Boards and Societies**

# Pacific Business Group on Health

Cheryl Damberg  
Ted Von Glahn

# Physician Group: Consumer Assessment Survey (CAS)



- **California Collaborative Healthcare Reporting Initiative (CCHRI)**
- **Annual survey since 2001**
- **180 reporting entities in 2005**
  - >95% of commercial HMO market
  - Sample 900 patients per group
- **Results used for:**
  - Pay for Performance (40% of bonus potential)
  - Consumer choice (public report cards)
  - Quality improvement

# Doctor Survey



- PBGH-sponsored brief survey (2003, 2004, 2005)
- 1,700 physicians - 12 medical groups
- Adult PCP, Pediatricians, Specialists
- Results used for compensation and QI
- Pay for performance is key driver of work

# Future Goals



- Move towards public reporting for consumer choice
- Test consumer use of patient ratings of doctor
- Create business model for widespread coverage of market



# Massachusetts Health Quality Partnership (MHQP)

Melinda Karp

# Past Activities: Demonstration Project with The Health Insitute



- ❖ Ambulatory Care Experiences Survey (ACES)
- ❖ 215 MDs - 67 practice sites
- ❖ Gained interest and acceptance of stakeholders
- ❖ Demonstrated relevance of physician-level data and feasibility of collaboration
- ❖ Collaborating on development of CAHPS Ambulatory Surveys



# Future Goals



- **Public reporting for consumer choice**
- **Business model for statewide survey**
  - ❖ Cost sharing method for health plans and physician organizations to finance survey.
- **Business model for broader market**

# Future Activities



## 2005 survey: Adult and pediatric practice sites in MA with 3+ physicians

- ❖ Approximately 420 sites and 4,120 physicians
- ❖ Health plans funding data collection for practice site level reporting
- ❖ Interested physician groups funding sampling for individual physicians in their organizations
- ❖ Plan public report of site results in early 2006

# Future Goals – 2006+



- ❖ **Six year Roadmap for collecting and reporting quality information in Massachusetts**
  - ❖ 2006—addition of specialist survey
  - ❖ 2006—introduction of quality improvement tools
  - ❖ 2007—public release of primary care results at the individual physician level
  - ❖ 2007—linking patient experience measures with clinical effectiveness and efficiency measures
- ❖ **By 2010, MHQP hopes to be reporting on measures across all six IOM Dimensions of Care**